

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Rolla
City Wiley (No. _____)

Registration District No. 625-
Primary Registration District No. 3827

File No. 25749
Registered No. 82
St. _____ Ward _____

2. FULL NAME

(a) Residence, _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Ellen Huff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3 1895</u>		
7. AGE <u>89</u>	YEARS <u>3</u>	MONTHS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>1919</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
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13. NAME <u>Wm. H. Huff</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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15. MAIDEN NAME <u>Sarah Graham</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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17. INFORMANT <u>Mrs. Susan Huff</u> (ADDRESS) <u>Wiley Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wiley</u> DATE <u>July 24 1934</u>
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19. UNDERTAKER <u>Prin Funeral Home</u> (ADDRESS) <u>Manville Mo.</u>
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20. FILED <u>July 24 1934</u> <u>Mamie E. Clardy</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1934

22. I HEREBY CERTIFY That I attended deceased from May 1 1934 to July 22 1934

I last saw him alive on July 22 1934 Death is said

to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. B. Heyford M. D.

(Address) Manville Mo.

11